



State of Rhode Island  
**Department of Business Regulation**



DIVISION OF COMMERCIAL LICENSING AND REGULATION

**REAL ESTATE SECTION**

233 RICHMOND STREET

PROVIDENCE, RI 02903

TELEPHONE (401)222-2255 FAX (401) 222-6654

[www.dbr.state.ri.us](http://www.dbr.state.ri.us)

**NON-RESIDENT RECIPROCAL REAL ESTATE BROKER APPLICATION**

**Refer to Non-Resident Reciprocal Licensing Instructions**

1. SUBMIT COMPLETED APPLICATION.
2. APPLICANT MUST PRINT OR TYPE.
3. NO APPLICATION WILL BE PROCESSED AND NO LICENSE WILL BE ISSUED UNTIL ALL QUESTIONS ARE ANSWERED.
4. APPLICATION FEE \$10.00 –**NON-REFUNDABLE**
5. APPLICATION FEE CHECK MUST BE MADE PAYABLE TO: **RI GENERAL TREASURER**

FOR OFFICE USE ONLY  
LICENSE NO.

1. NAME OF APPLICANT	2. DATE OF BIRTH	3. AGE	4. LEGAL RESIDENT OF U.S. YES <input type="checkbox"/> NO <input type="checkbox"/>
5. RESIDENTIAL ADDRESS	CITY/TOWN	STATE	ZIP
5A. TELEPHONE NO.	5B. SOCIAL SECURITY NO.		
6. AGENCY NAME			
7. AGENCY ADDRESS			
PRINCIPAL BROKER OF AGENCY		RI LICENSE#	
8. PRESENT OCCUPATION			
9. HAVE YOU EVER BEEN REFUSED A LICENSE BY THIS OR ANY OTHER STATE TO ACT AS A REAL ESTATE BROKER OR SALESPERSON? YES <input type="checkbox"/> NO <input type="checkbox"/>			
10. HAS ANY SUCH LICENSE IN ITEM 9 EVER BEEN SUSPENDED OR REVOKED IN THIS OR ANY OTHER STATE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
11. HAS ANY FIRM, COMPANY, CORPORATION OR SOCIETY WITH WHICH YOU ARE OR HAVE BEEN CONNECTED OR ASSOCIATED IN ANY CAPACITY, HAD ANY SUCH LICENSE REFUSED, SUSPENDED OR REVOKED? YES <input type="checkbox"/> NO <input type="checkbox"/>			

12. HAS ANY PARTNER, OFFICER, MEMBER, DIRECTOR, OR STOCKHOLDER OF ITEM 11 HAD A LICENSE REFUSED, REVOKED, OR SUSPENDED? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>	
13. HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY OR NOLO CONTENDRE TO FORGERY, TO EMBEZZLEMENT, OBTAINING MONEY UNDER FALSE PRETENSES, BRIBERY, LARCENY, EXTORTION, CONSPIRACY TO DEFRAUD, OR ANY OTHER OFFENSES OF ANY TYPE WHICH WOULD REASONABLY CAUSE THE DEPARTMENT TO QUESTION YOUR HONESTY, TRUSTWORTHINESS, INTEGRITY, GOOD REPUTATION OR COMPETENCY? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>	
<b>EXPLAIN FULLY ALL “YES” ANSWERS TO QUESTIONS 9 – 13 ON A SEPARATE SHEET AND ATTACH.</b>	
14. HAVE YOU READ OR ARE YOU FAMILIAR WITH THE REAL ESTATE LAWS OF THE STATE OF RHODE ISLAND? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>	
15. <b>NOTE:</b> LAW REQUIRES RECOMMENDATIONS OF THREE (3) CITIZENS OF THE UNITED STATES WHO HAVE BEEN PROPERTY OWNERS FOR AT LEAST THREE (3) YEARS AND WHO HAVE KNOWN THE APPLICANT FOR AT LEAST THREE (3) YEARS AND ARE NOT RELATED TO THE APPLICANT.  I, <b>THE UNDERSIGNED</b> , AM A CITIZEN OF THE UNITED STATES, HAVING OWNED PROPERTY FOR AT LEAST THREE (3) YEARS PRIOR TO THE DATE HEREOF AND HAVE KNOWN THE APPLICANT _____ FOR THREE (3) YEARS PRIOR TO HERETO, THAT I AM NOT RELATED TO THE APPLICANT AND THAT THE APPLICANT BEARS A GOOD REPUTATION FOR HONESTY AND TRUSTWORTHINESS RECOMMEND THAT A REAL ESTATE BROKER’S LICENSE BE GRANTED TO THE APPLICANT.	
NAME (PRINT) _____  SIGNATURE: _____	ADDRESS: _____
NAME (PRINT) _____  SIGNATURE: _____	ADDRESS: _____
NAME (PRINT) _____  SIGNATURE: _____	ADDRESS: _____

**WAIVER**

I, \_\_\_\_\_, OF \_\_\_\_\_  
(Applicant name) (Address)  
HAVING A DATE OF BIRTH OF \_\_\_\_\_ AND A SOCIAL SECURITY NUMBER OF \_\_\_\_\_  
AM APPLYING FOR A \_\_\_\_\_  
LICENSE WITH THE DEPARTMENT OF BUSINESS REGULATION AND I HEREBY DIRECT AND  
AUTHORIZE THE BUREAU OF CRIMINAL IDENTIFICATION OF THE DEPARTMENT OF  
ATTORNEY GENERAL FOR THE STATE OF RHODE ISLAND TO MAKE AVAILABLE TO THE  
DEPARTMENT OF BUSINESS REGULATION ANY CRIMINAL RECORD OR OTHER DISPOSITION  
THAT THE BUREAU OF CRIMINAL IDENTIFICATION HAS ON FILE IN REFERENCE TO ME.

I HEREBY WAIVE AND RELEASE ANY AND ALL MANNER OF ACTIONS, CAUSE OF ACTIONS,  
AND DEMANDS OF EVERY KIND, NATURE AND DESCRIPTION, ARISING FROM ANY RELEASE  
OF CRIMINAL RECORDS AND REQUESTS THEREFROM, WHATSOEVER AGAINST THE STATE OF  
RHODE ISLAND, BUREAU OF CRIMINAL IDENTIFICATION, THE ATTORNEY GENERAL, THE  
EMPLOYEES OF THE ATTORNEY GENERAL'S OFFICE AND OFFICIALS OF THE DEPARTMENT OF  
BUSINESS REGULATION IN BOTH LAW AND EQUITY WHICH I MAY NOW OR IN THE FUTURE  
MAY HAVE.

SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY \_\_\_\_\_  
Signature of applicant

OF \_\_\_\_\_, 2\_\_\_\_\_. \_\_\_\_\_  
Notary Public

**STATEMENT OF APPLICANT**

SEAL OF NOTARY  
PUBLIC

*I HEREBY MAKE OATH THAT ALL ANSWERS ARE TRUE,*

Signature of Applicant \_\_\_\_\_

Subscribed and Sworn at \_\_\_\_\_

BEFORE ME \_\_\_\_\_

**Notary Public**

DATE \_\_\_\_\_

**For Office Use Only**

RECIPROCAL LICENSE GRANTED:

DATE: